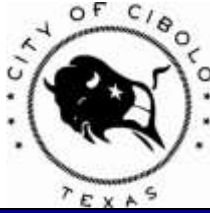


# City of Cibolo Employment Application

The City of Cibolo is a drug free workplace  
and an Equal Opportunity Employer



Human Resources Department  
200 South Main Street  
Cibolo, TX 78108  
Website: [www.cibolotx.net](http://www.cibolotx.net)  
Phone: 210-658-9900 Fax: 210-658-1687

## Position Desired

*Applicant Must Complete*

Position Desired:

Date Available:

Type of Employment Desired:

Part Time

☐

Full Time

☐

## Personal Information

*Please note: Print in ink or type. Complete all sections.*

Last Name:

First Name:

M.I.

Street Address:

City:

State/Zip

Home Phone: ( )

Alternate Phone: ( )

E-mail Address:

Do you have a valid TX Driver's License?

Yes

☐

No

☐

Class:

CDL?

Yes

☐

No

☐

Driver's license number:

Expiration date:

Has your driver's license ever been  
Revoked or suspended?

If yes, explain:

Yes\_\_\_\_ No \_\_\_\_

Do you have relatives working for or holding an elective office for the City of Cibolo? Yes No If Yes- Employee's Name

Have you ever served in the military? Yes No If yes what Branch?

What type of Discharge did you receive?

Do you have the legal right to obtain employment in the United States?

Yes

☐

No

☐

Can you perform the essential functions and responsibilities of the position  
for which you are applying?

Yes

☐

No

☐

If not, explain:

Do you require any special accomodation to perform required duties?

Yes

☐

No

☐

If yes, explain:

Have you ever worked for the City of Cibolo?

Yes

☐

No

☐

If so, give date(s) of employment and position(s) held:

Do you speak any other language(s)? Specify

List any current licenses, certifications, or registrations required for the position for which you are applying. Include date received.

## Education & Skills

Level of education completed: High School ☐ GED ☐ College 0-3 yrs ☐ Degree : Assoc ☐ Bachelor ☐ Masters ☐  
If degree, specify major:

Software Applications:

Typing WPM:

School Name and Location	Month and Year Attended	Credits Earned			Major	Type of Degree Awarded	Year degree received
		Quarter	Semester	Other (Specify)			
1	From /						
	To /						
2	From /						
	To /						
3	From /						
	To /						
4	From /						
	To /						
5	From /						
	To /						

## Experience

List last 5 years of work experience

From: /	To: /	Beginning Salary \$	Ending Salary \$
Name of Employer:		May we contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:	City:	State/Zip:	
Supervisor's Name:		Phone Number: ( )	
Title and Duties Performed:			
Reason for Leaving:			

[Type text]

HR-001PD

## Experience

From:        /        To:        /        Beginning Salary \$        Ending Salary \$

Name of Employer:        May we contact?    Yes   ☐        No   ☐

Address:        City:        State/Zip:

Supervisor's Name:        Phone Number:    (        )

Title and Duties Performed:

Reason for Leaving:

## Experience

From:        /        To:        /        Beginning Salary \$        Ending Salary \$

Name of Employer:        May we contact?    Yes   ☐        No   ☐

Address:        City:        State/Zip:

Supervisor's Name:        Phone Number:    (        )

Title and Duties Performed:

Reason for Leaving:

## Convictions

Please list all convictions civilian or military including traffic violations. If none, then state none.

Convictions:        Dates:

Explanations

[Type text]

## Agreement

### Agreement of Applicant:

I, the undersigned, do hereby certify that all statements in this application and accompanying materials are true and I agree and understand that my misrepresentation or deliberate omission of a material fact may be justification for termination or refusal of employment. I authorize the City of Cibola to release information as necessary to verify statements made in this application and/or accompanying materials. I also authorize the employers, schools, or persons named above to give any additional information regarding my qualifications and character. I do hereby release information providers from any and all liability incurred as a result of furnishing such information. Information related to this application will remain confidential. If offered a position, I further agree to submit to a job-related medical examination (which will be treated as confidential) by an authorized physician and/or fingerprinting, as a condition of employment. I further agree to furnish proof of either citizenship or legal right to work in the US.

Employment with the City of Cibola is at-will, and may be terminated at any time by either party.

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Signature

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Date

---

Print Name

## Police Officer Supplemental Questionnaire

- \* 1. Do you have a high school diploma or GED?

Yes      No

- \* 2. Do you have your TCLEOSE Certification?

Yes      No

3. If no to # 2, what is your proposed certification date? (Please explain)

- \* 4. Have you ever been convicted of any felony offense? (A conviction includes probation, community supervision, or deferred adjudication for purposes of this application.)

Yes      No

- \* 5. Have you ever been convicted of a misdemeanor offense, other than a traffic charge? (A conviction includes probation, community supervision, or deferred adjudication for purposes of this application.)

Yes      No

- \* 6. Have you ever been convicted of a family violence offense?

Yes      No

- \* 7. Have you ever used any illegal drugs?

Yes      No

8. If yes to #7, at what age was your last use of illegal drug(s)?

- \* 9. Have you ever used illegal drugs such as cocaine, heroin, speed, steroids, downers, etc.?

Yes      No

10. If yes to #9, how long ago (please indicate years/months/days)

11. If yes to #9, how many times?

- \* 12. Have you ever used marijuana?

Yes      No

13. If yes to #12, how long (please indicate in years/months/days)

14. If yes to #12, how many times, total have you used marijuana?

[Type text]

\* 15. Have you ever used any "hallucinogenic" drug such as ecstasy, LSD, PCP, or other type of hallucinogen?

Yes      No

16. If yes to #15, in what year did you last use one of the hallucinogens?

17. If yes to #15, how many times did you use a hallucinogen?

\* 18. Have you ever been in the military?

Yes      No

\* 19. Have you ever been discharged from the military?

Yes No

\* 20. If yes to #19, did you receive an honorable discharge?

Yes      No      N/A

\* 21. Have you received ticket(s) for a "moving" traffic violation in the past 12 months, e.g. speeding, ran red light, ran stop sign etc.?

Yes      No

22. If yes to #21, how many have you received in the past 12 months?

\* 23. Have you ever sold, or possessed a controlled substance, with intent to deliver?

Yes      No

\* 24. Do you have a brother, sister, parent, step-parent, grandparent, aunt, uncle, niece, nephew, grandson, granddaughter, mother-in-law, father-in-law, or significant other, currently working at the City of Live Oak Police Department?

Yes      No

\* Required Question